## **Town of Monterey**

P.O. Box 308 Monterey, MA 01245 413-528-1443 fax 413-528-9452

## SYSTEM PUMPING RECORD

System Owner					
n Location (must incl	lude street #):				
Emergency	Routine				
Cesspool:	No Yes	Septic Tank:	No	Yes	
e of Pumping:	/	Quantity Pumped:_			gals
tem Pumped by	ny Name		Permit l	No	
itents Transferred to					
nature of Pumper		Date		_	
ndition of System/Oth	er Comments: (This	s section must be completed)	)		
	Emergency Cesspool: e of Pumping: tem Pumped by Comparentents Transferred to attents Disposed at nature of Pumper	Emergency Routine  Cesspool: No Yes  e of Pumping:/	Emergency Routine  Cesspool: No Yes Septic Tank:  e of Pumping:/	Emergency Routine  Cesspool: No Yes Septic Tank: No e of Pumping:/ Quantity Pumped:  tem Pumped by Permit  Company Name  stents Transferred to	Emergency Routine  Cesspool: No Yes Septic Tank: No Yes  e of Pumping:/

## THIS FORM MUST BE COMPLETED IN ITS ENTIRETY

Revised 9/21/05